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## Causes and Consequences of Social Exclusion and Peer Rejection Among Children and Adolescents

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### Social Exclusion and Peer Rejection

Social exclusion and peer rejection are pervasive phenomena in children's and adolescents' social interactions. Exclusion and rejection can occur for a myriad of reasons, and although exclusion may not always be intended to cause psychological harm, experiences of exclusion can have detrimental outcomes in terms of emotional and behavioral health (Buhs & Ladd, 2001; Juvonen et al., 2005; Killen et al., 2008; Killen & Rutland, 2011), academic difficulties (Buhs et al., 2006), a decrease in prosocial behavior (Coyne et al., 2011), and low self-esteem (Stanley & Arora, 1998; Verkuyten & Thijs, 2006). These experiences can be described as either interpersonal or intergroup (Abrams et al., 2005). Interpersonal exclusion involves rejection from individuals or the peer group because of individual differences, such as attractiveness (Leets & Sunwolf, 2005), or social deficits, such as temperamental characteristics, including being shy or withdrawn (Bierman, 2004; Rubin et al., 2006). Intergroup exclusion is marked by rejection by individuals or the peer group because of bias or prejudice regarding the victim's group membership, including characteristics such as ethnicity, socioeconomic status, nationality, native language group, gender, culture, or religion (Killen et al., 2013; Killen & Rutland, 2011). Interpersonal and intergroup exclusion may have different causes, but frequently the outcomes are the same for victims of both types of exclusion.

### Are Rejection and Social Exclusion Bullying?

Many individuals assume that social exclusion and rejection are expected parts of growing up and do not constitute bullying or aggression. This is an important consideration because not all instances of rejection or exclusion are bullying or even unwarranted (Mulvey et al.,

2010). For instance, excluding a child from the basketball team because she has trouble dribbling and passing the ball may be perfectly acceptable, but excluding her from the basketball team because she is shy or because she is Muslim would not. Thus, it is important to first consider the reasons for exclusion in evaluating whether the rejection or exclusion is, in fact, bullying. For instance, even young children think about social exclusion differently depending on the context. They might reference the importance of group functioning when discussing excluding an unskilled player from the team, but might reference psychological harm or prejudice when discussing excluding someone from the team because of their temperament or religion (Mulvey, 2016).

However, even social exclusion or rejection that causes psychological harm may not always constitute bullying. In order for aggressive behavior to be deemed bullying, the aggression needs to involve a power imbalance and to occur repeatedly (Espelage & Colbert, 2016). It is important to clarify that while, operationally, bullying must include these distinct dimensions, children often report peer victimization that does not meet these bullying criteria (Vaillancourt et al., 2008). Thus, researchers and practitioners should work carefully to understand how children describe and experience different types of peer rejection and social exclusion, including both interpersonal and intergroup manifestations. Although some instances of social exclusion or peer rejection may not technically constitute bullying, excluding behavior frequently causes psychological harm and can have negative outcomes for emotional and behavioral health (Killen & Rutland, 2011). These negative outcomes, including internalizing symptoms such as depression and externalizing symptoms such as aggression, can result from a range of types of social exclusion and rejection, including both interpersonal and intergroup exclusion (Killen et al., 2013).

## Interpersonal Rejection

Children and adolescents may experience interpersonal rejection if they demonstrate shy, withdrawn, or anxious behavior or if they struggle with externalizing behavior such as aggression that may lead to a cycle of bullying followed by victimization (Killen et al., 2013; Rubin et al., 2006). Children who are shy, withdrawn, or anxious are often the victims of interpersonal rejection because their peers perceive these temperamental differences as social deficits that mark these children as nonthreatening and unlikely to retaliate (Olweus, 1993, 2001). Additionally, these children may struggle with social interactions and peer group processes, leading to rejection and exclusion (Rubin et al., 2006). Research demonstrates that children who are socially withdrawn and who do experience peer rejection and exclusion are likely to become more socially withdrawn over time (Oh et al., 2008). Thus, exclusionary behavior can reinforce shy and withdrawn personality traits that are already present.

Similarly, children and adolescents who exhibit high levels of externalizing behaviors that include aggression, hyperactivity, or disruption (Liu, 2004) are often the victims of social exclusion. These children, who are rejected because of their own aggressive behavior, are often called bully-victims and show distinct trajectories of negative outcomes (Pouwels et al., 2016; Salmivalli & Peets, 2009; Yang & Salmivalli, 2015). For instance, children who are rejected because of externalizing behaviors are more likely to continue to exhibit

externalizing symptomology at increasing rates over time (Broidy et al., 2003; Ladd, 2006; Laird et al., 2001). Moreover, bully-victims are more likely to perceive the neutral or ambiguous actions of others as bullying, suggesting that they may struggle with social information processing (Pouwels et al., 2016). Individuals who do struggle with social information processing may exhibit hostile attribution bias, whereby they assume negative intent on the part of others, even in situations that are neutral (Dodge & Coie, 1987). There is evidence that exhibiting hostile attribution bias is related to heightened aggression in response to experiences of exclusion (DeWall et al., 2009). Thus, individuals can experience interpersonal rejection because of patterns of both internalizing and externalizing symptomology, and these rejection experiences can heighten or reinforce the maladaptive behaviors that originally resulted in the exclusion and rejection (Ladd, 2006).

## Intergroup Exclusion

Although peer rejection and exclusion are often due to interpersonal reasons, both can also be the result of negative intergroup relations or of interactions with others who do not share one's group membership (Killen et al., 2013). Research demonstrates that children identify with groups through gender, ethnicity, or language early in life and that individuals exhibit a desire to enhance their group identity and positively promote their in-group (Bennett & Sani, 2008; Dunham et al., 2011; Tajfel & Turner, 1979). This can lead to a desire to maintain homogenous social groups and can result in exclusion or rejection of those who do not share your group membership from your activities or group (Killen & Rutland, 2011; Levy & Killen, 2008; Rutland & Killen, 2015). Thus, children are, at times, rejected from peer groups because of their gender, ethnic, national, religious, language, or school identity.

Similar to interpersonal exclusion or rejection, intergroup exclusion can lead to negative outcomes in terms of internalizing and externalizing behaviors (Killen & Cooley, 2014; Rutland & Killen, 2015). However, intergroup rejection or bullying is often rooted in bias and discrimination, and research demonstrates that the likelihood of negative outcomes for bias-based bullying are higher than the odds of negative outcomes for general harassment, rejection, or exclusion (Russell et al., 2012). For example, youth who report bias-based discrimination such as exclusion and rejection also display higher incidences of substance use/abuse, risky behaviors, mental health concerns (such as depression), and negative school-related outcomes in terms of achievement and truancy (Russell et al., 2012). Research also indicates that adolescents who experience intergroup bullying that is intersectional (based on more than one category, such as discrimination because of race and weight) are more likely to engage in self-harm and suicidal ideation, and to experience higher rates of depressive symptoms than those who do not experience these forms of intergroup conflict (Garnett et al., 2014). Thus, intergroup exclusion or rejection can also be marked by serious, negative outcomes in terms of emotional and behavioral health for youth.

## Responses and Interventions to Interpersonal and Intergroup Rejection and Exclusion

School systems have taken different approaches to responding to and intervening in instances of peer victimization and bullying. Many of these approaches have targeted

rejection and exclusion as well. These approaches often focus on interpersonal rejection and exclusion and take a social-deficits approach whereby interventions target improving the social skills of victims or children at risk for rejection and exclusion, with the goal of helping them to improve their social competence (Bierman, 2004; Rubin et al., 2006). This approach assumes that children who experience interpersonal rejection are behaving in ways that invite their own rejection and that improving their social skills will reduce the victimization (Hodges et al., 1999). Although some studies of the effectiveness of social skills training have noted positive outcomes, a systematic review documented mixed results or no positive outcomes for almost half of the studies examining social skills training (Moote et al., 1999). Moreover, researchers have called for approaches that move beyond an exclusive focus on social skills training and that instead attend more carefully to the peer group context, such as peer norms and social dominance hierarchies that encourage rejection and exclusion (Mikami et al., 2010).

### **Social Skills Training and Intergroup Exclusion.**

Moving away from social skills training is particularly important, given that these types of approaches are especially unlikely to be helpful when the exclusion is based on group membership and not social deficits (Killen et al., 2013; Rutland & Killen, 2015). In instances of intergroup exclusion and rejection, however, the focus should be placed on the role of stereotypes, bias, and prejudice (Hitti et al., 2011; Killen & Cooley, 2014; Mulvey et al., 2010; Sunwolf & Leets, 2004). For instance, research demonstrates that children and adolescents do, at times, justify exclusion of their peers based on stereotypes about gender, ethnicity, language, or culture (Killen & Rutland, 2011). In instances of exclusion and rejection based on group membership, the focus should be not on providing social skills training for the victims, but, rather, on working to create inclusive environments where fair and equal treatment of others is the norm, where children are encouraged to take the perspective of others, and where prejudice and bias are not tolerated (Killen et al., 2013; Mulvey et al., 2013). Specifically, intergroup exclusion and rejection should be addressed through school-level support for positive intergroup contact, which is marked by equal status among groups, collaboration and cooperation, and the setting of common goals (Allport, 1954). Meta-analyses of research on intergroup contact demonstrate positive outcomes for children in terms of prejudice reduction and improvement in attitudes (Tropp & Prenovost, 2008).

### **Bullying Prevention Programs.**

Some research has indicated that bullying prevention programs implemented school-wide are effective in reducing bullying and victimization, including rejection and exclusion (Farrington & Ttofi, 2009). Program characteristics that may be particularly effective include sharing information with parents, increasing supervision during playground time, using both punitive and nonpunitive responses to bullying, and using technology such as videos and games to increase awareness of bullying (Farrington & Ttofi, 2009). More recent meta-analyses suggest that such interventions have very limited success in U.S. contexts, likely because current bullying interventions do not attend to the heterogeneous nature of most U.S. schools (Evans et al., 2014). Thus, research on bullying interventions and responses to rejection and exclusion in the United States and in other diverse settings should aim to

harness the findings from research on intergroup contact and seek to create school environments that foster not only positive peer interactions (generally), but positive intergroup contact as well (Killen et al., 2013; Rutland & Killen, 2015; Tropp & Prenovost, 2008).

KiVa, a bullying intervention consistently identified as one of the most effective, takes a peer group and school-wide approach with attention to encouraging bystander responses involving defending and supporting victims of bullying, including rejection and exclusion (Yang & Salmivalli, 2015). The KiVa program teaches children how to engage in bystander intervention through role-playing and video game simulations (Salmivalli et al., 2011). Results from the KiVa program indicate that fostering bystander behaviors reduces bullying in school environments (Salmivalli et al., 2011). Although KiVa was initially developed and implemented in Finland, the model is being tested in new settings, with promising results observed in Italy (Nocentini & Menesini, 2016) and the United Kingdom (Hutchings & Clarkson, 2015). Although the settings where KiVa has currently documented evidence for success are still largely homogenous, testing is underway in more heterogeneous settings, such as in the United States.

### **Bystander Intervention and Inter-group Contacts.**

Moving forward, schools should look to programs both that promote bystander intervention and that encourage positive intergroup contacts to create optimal environments for reduced peer rejection and social exclusion based on interpersonal factors and intergroup dimensions. Additionally, research has examined the importance of true bystanders who are not part of one's peer group. Future interventions should aim to encourage children and adolescents to challenge rejection and exclusion perpetuated by their own peer group, because they may be more influential in regulating the behavioral norms of their close friends than of their classmates. Research does find that peer group exclusion is stressful not only for those being excluded, but also for adolescents who witness the exclusion of others (Sunwolf & Leets, 2004). Studies also demonstrate that children and adolescents do want to encourage fair treatment of others by their peer group (Mulvey & Killen, 2015, 2016; Mulvey et al., 2016), that they feel regret when they do not intervene (Sunwolf & Leets, 2003), and that they can influence their peers to act in nonprejudicial ways (Paluck, 2011).

### **A Positive School Climate.**

Interventions should focus on nurturing a positive school climate (Dessel, 2010) in which peers from different groups have equal status, work together cooperatively, and share common goals (Allport, 1954). Creating such a positive environment is important because research shows that schools where students perceive high rates of bullying and teasing also have higher dropout rates (Cornell et al., 2013). School climate can serve as a protective factor against bullying, rejection, and exclusion, including in diverse school settings where bullying is often directed at minority group students (Connell et al., 2015). Part of creating positive school climates involves shifting school norms toward inclusivity and acceptance of cross-group friendships. One school-wide climate-focused intervention, Creating a Peaceful School Learning Environment (CAPSLE), encourages greater awareness of others' feelings and mental states (Fonagy et al., 2009). Research shows that implementing the use of

CAPSLE was associated with lower rates of victimization and aggression and increases in empathy for others (Fonagy et al., 2009). Research also suggests that school and peer group norms play a powerful role in establishing inclusive, welcoming school environments for children and adolescents (Hitti & Killen, 2015; McGuire et al., 2015; Thijs & Verkuyten, 2014; Tropp et al., 2014, 2016).

One way in which school and peer group norms can be shaped is through positive bystander behaviors (Frey et al., 2015; Malti et al., 2015; Palmer et al., 2015), and there is evidence that schools can help foster climates where bystander behavior is encouraged and supported (Salmivalli et al., 2011; Yang & Salmivalli, 2015). However, there is also evidence that youth may be hesitant to engage in bystander intervention because of concerns about the social and peer repercussions of standing up for others (Mulvey & Killen, 2016; Mulvey et al., 2016). These concerns may be unwarranted, however, because although youth may assume their friends will judge challenges to their peer group norms negatively, individually both children and adolescents demonstrate high levels of support for peers who speak out to encourage their group to act in inclusive, equitable, and nonprejudicial ways (Mulvey et al., 2014, 2016; Mulvey & Killen, 2015, 2016).

## Conclusion

Intervention efforts should aim to foster inclusive school environments by encouraging bystander behaviors and by reinforcing school and peer group norms that promote inclusivity. Children struggle with social decisions and are faced with challenging tasks of navigating ever-changing peer groups with a wide range of different norms (Mulvey et al., 2013). School personnel, parents, and group leaders can help ensure that the school climate more broadly is supportive and inclusive and that it encourages positive intergroup contact and acceptance of peers with a range of temperamental differences.

School mental health professionals should consider whether the causes of the rejection experience are interpersonal or intergroup when responding to situations involving social exclusion. Children and adolescents frequently struggle with both interpersonal and intergroup rejection and exclusion. Although these exclusionary experiences may not always constitute bullying, they frequently do result in psychological harm and can lead to serious consequences for children's behavioral and emotional health and well-being (Killen et al., 2013).

Nurses, physicians' assistants, doctors, mental health counselors, and health-care professionals should ensure that their care includes attention to issues related to psychological and behavioral health. This is especially important because rejection, exclusion, and bullying can lead to mental health issues for victims, aggressors, and even those who observe these types of aggression (Espelage & Colbert, 2016).

Practitioners, even those outside of the school environment, can play an important role in addressing the negative consequences of these types of experiences for youth. School personnel may not always be aware of the rejection and exclusion experiences faced by students in their care (Nansel et al., 2001; Waasdorp et al., 2011). This indicates the



importance of having teachers, counselors, school psychologists, and administrators talk directly with students about the harmful nature of these behaviors, both to encourage students to speak up if they are experiencing rejection and exclusion, and also to serve as engaged bystanders who create inclusive spaces for their peers. Schools should look to mitigate exclusion and rejection by seeking multifaceted intervention efforts that target school climate, school norms, intergroup attitudes, and peer norms, and that encourage active, assertive bystanders.

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